

ELDERLY TAX
RELIEF REDUCTION
M35G / M36G Rev.9/07

CITY OR TOWN OF _____

ASSESSOR'S OFFICE

Pursuant to C.G.S. Sections 12-129b(d) and 12-170aa, the Assessor shall notify the Secretary of the Office of Policy and Management of the reduction in elderly tax relief for the purpose of a corresponding adjustment in the amount of state payment to the municipality.

1. GRANTOR'S NAME
(Last) (First) (Middle)

2. ADDRESS OF PROPERTY ON WHICH CREDIT WAS APPLIED:

CITY OR TOWN:

ZIP:

3. DATE OF CONVEYANCE (deed date or date of death, MM/DD/YYYY) :

4. PERCENTAGE OWNED BEFORE TRANSFER: %

5. PERCENTAGE OF **THIS OWNER'S SHARE** OF PROPERTY TRANSFERRED: %

6. TOTAL AMOUNT OF REVENUE LOSS FROM M-35B OR M36 Claim: \$

7. PRO-RATE FACTOR (From Table Below) x

8. MULTIPLY LINES 6 AND 7 (Grantor's Benefit) \$

9. SUBTRACT LINE 8 FROM LINE 6
(AMOUNT OF REDUCTION, a.k.a. GRANTEE'S ADDITIONAL TAX) \$

10. OR, IF LINE 5 IS LESS THAN 100%, MULTIPLY LINE 9 BY LINE 5
(AMOUNT OF REDUCTION, a.k.a. GRANTEE'S ADDITIONAL TAX) \$

11. SIGNATURE OF ASSESSOR OR STAFF MEMBER DATE:

PRORATION TABLE

(Use month in which conveyance occurred)

October .....	.0 *
November .....	.083
December .....	.167
January .....	.25
February .....	.333
March .....	.417
April .....	.50
May .....	.583
June .....	.667
July .....	.75

12. GRANTOR'S LIST NUMBER

13. GRANTEE'S NAME

14. ADDRESS

15. TOWN OR CITY

ZIP

NOTE: *October conveyance disqualifies grantor from receiving any benefit.*

**STATE OF CONNECTICUT
OFFICE OF POLICY AND MANAGEMENT**
450 Capitol Avenue MS #54GSU
Hartford, CT 06106-1379

*This report is due on or before **October 1st** immediately following the end of the assessment year in which such conveyance occurs.*